U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

01956

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2 11	
Name and address of person filling,	Name, file number, and address of labor organization.
Name Edgar Romney	Name UNITE HERE
	Labor Organization File Number 000-511
P.O. Box, Bldg., Room No., if any 7th Floor	P.O. Box, Building and Room Number, if any 10th Floor
Street 275 Seventh Avenue	Street 275 Seventh Avenue
City New York	City New York
State New York ZIP Code + 4 10001	State New York ZIP Code + 4 10001
Executive Vice Presider	19
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl a. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizat	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your specified in the exclusion. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizat. Name and address of Employer (including trade name, if any).	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your sponsor (except as specified in the exclusion). Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your specified in the exclusion. Held an interest in, engaged in transactions (including loans) with, or conetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.
Enter appropriate data below if, during the past fiscal year, you or your sponsor (except as specified in the exclosure of the except as the except	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below if, during the past fiscal year, you or your specified in the exclusion. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.

Signed

Telephone Number

File Number U- 01956 Name of Person Filing Edgar Romney B, Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Amalgamated Bank a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer 15 Union Square New York 10003 New York ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. # of Shares Price Per Share Cost Name Amalgaated Bank \$4,975 25 \$199 Trade Name, if any: P.O. Box, Bldg., Room No., if any 15 Union Square \$7,864 11.b. Approximate dollar value of such dealing. City New York 12.a. Nature of interest held or income received. \$590.00 in dividends ZIP Code + 4 10003 State New York \$28,000.00 in fees \$28,590 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant